

CRITERIA FOR PRIOR AUTHORIZATION

Eluxadoline (Viberzi)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
eluxadoline (Viberzi®)

CRITERIA FOR IRRITABLE BOWEL SYNDROME WITH DIARRHEA: (must meet all of the following)

- Patient must have a diagnosis of irritable bowel syndrome with diarrhea
- Patient must be ≥18 years of age

LENGTH OF APPROVAL 12 MONTHS